

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F99000000226

1. Corporation Name

CTR SYSTEMS, INC.

Principal Place of Business

555 KEYSTONE DRIVE  
WARRENDALE PA 15086

Mailing Address

555 KEYSTONE DRIVE  
WARRENDALE PA 15086

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/13/1999

5. FEI Number

25-1204960

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | Name of Officers<br>and/or Directors   | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|----------|--|---|---------------------|
| 1        | 2                                      | 3   | 4                   |
| D        | <del>DUFFEY, DANIEL L</del><br>Duffy   | 555 KEYSTONE DRIVE                                | WARRENDALE PA 15086 |
| D        | <del>DUFFEY, WILLIAM</del>             | 555 KEYSTONE DRIVE                                | WARRENDALE PA 15086 |
| PD       | <del>DUFFEY, DRU</del><br>Duffy        | 555 KEYSTONE DRIVE                                | WARRENDALE PA 15086 |
| V        | <del>DUFFEY, DAN</del><br>Duffy, David | 555 KEYSTONE DRIVE                                | WARRENDALE PA 15086 |
| S        | <del>DUFFEY, DENNIS</del><br>Duffy     | 555 KEYSTONE DRIVE                                | WARRENDALE PA 15086 |
| TD       | <del>DUFFEY, DOUGLAS</del><br>Duffy    | 555 KEYSTONE DRIVE                                | WARRENDALE PA 15086 |

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Suite, Apt. #, Etc. \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
10000351091-4  
12/21/00-01986-020  
\*\*\*\*750.FL\*\*\*\*750.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Margaret R. Duffy  
REGISTERED AGENT MUST SIGN

Date 11-28-00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Dennis Duffy  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/26/00 (224) 772-2400  
Daytime Phone #

KE